

NATIONAL Assessment Centre Services

[Ref: Jan 2020]

MA 20012539

Date In: 28/01/2020 20:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/INC20001592/P	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SJP24810	I-Motor Claim Form	28/01/2020 14:05	MT/1082402-001
TP: 27/01/2020 14:05	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
Q1: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wagon		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: Skw 49766	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC 100000 67391616)	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Action

<p>MA 2000918</p> <p>Claimants Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Date:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming status (INC Only) (wef 10 Jan 2020)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>Q1:</p> <p>*NS: Courtesy Car / Tpt Allowance \$5</p> <p>*NG: Repair Co-ordination \$10</p> <p>*NT: Post Repair Inspection \$25</p> <p>*NR: DV / Collect Excess Coordination \$5</p> <p>TP (NI1): TP (Non INC) against INC \$20</p> <p>9) NI2: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/01/2020 20:17
Date Of Accident	27/01/2020 14:05
Exact Location Of Accident	ANG MO KIO AVE 4 CARPARK A78
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2481D
Insured/Policyholder	
Name Of Registered Owner	SEOW KIM CHUAN
NRIC No	SXXXX644A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91917287
Alternative Phone No	OFFICE-91917287

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108120766
Cover Note Number	

Driver

Name of Driver	SEOW KIM CHUAN
NRIC No	SXXXX644A
Date Of Birth	17/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1991
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91917287
Fax Number	
Contact Number	OFFICE-91917287
E-Mail Address	NOEMAIL

Address	BLK 933A HOUGANG AVE 9 #08-116
Postcode	531933
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20200127/2070

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW4976G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 1 / 2020 (DD/MM/YYYY), TIME: 14 : 05 (HH:MM)

LOCATION: Ang Mo Kio Ave 4 Car park A78

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 2481 D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5108120766
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Seow Kim Chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7111644-A CONTACT: 9991917287
 c) ADDRESS: Blk 933A, Hougang Ave 9 #08-116
S' 531933

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(3)

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 17 / 4 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/8/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Kebun Baru NPP

8. THIRD PARTY VEHICLE

* No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: SKW 4976 G MODEL: Mazda
 b) DRIVER'S NAME: Ho Soo Siew
 c) NRIC/FIN/PASSPORT: S1386815 H CONTACT: NIL

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* photos with Rose

Inside Idac 2020

* mirror

* views

* E-bao

Email =

fax = 68442641

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

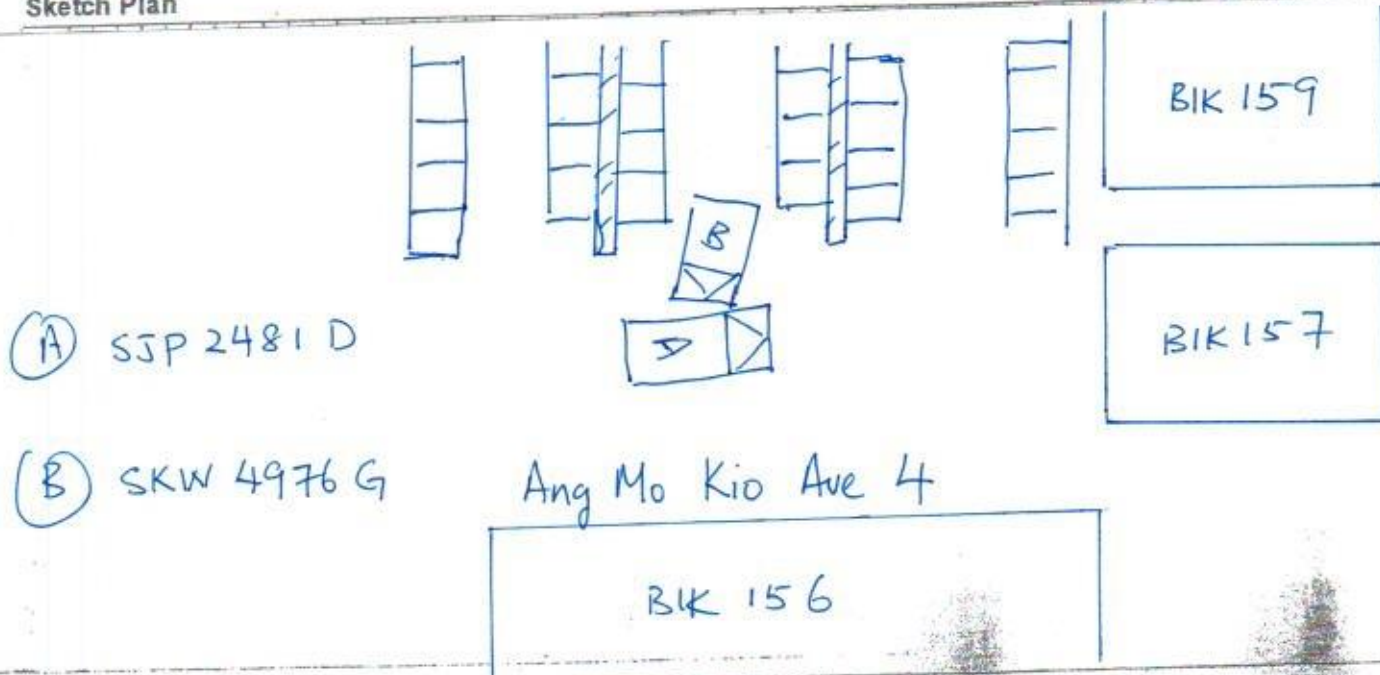
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer To Police Report NO: T/20200127/2070

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20200127/2070

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3

Report No. T/20200127/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2020 18:00	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: SEOW KIM CHUAN			Address: APT BLK 933A HOUGANG AVENUE 9 #08-116 SINGAPORE 531933		
ID Type / ID No.: NRIC NO / S7111644A			Contact No.: Home/Office: Mobile: 91917287		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 17/04/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2020 14:05	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 4 CARPARK A78				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP2481D	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue	Slightly Damaged	2
SKW4976G	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP2481D	NTUC Income Insurance Co-Operative Limited	5108120766	13/03/2019	15/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEOW KIM CHUAN	ID No.	S7111644A
Related Vehicle	SJP2481D (Car)	Contact No.	91917287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HO SOO SIEW	ID No.	S1386815H
Related Vehicle	SKW4976G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/01/2020 at around 1405hrs, I was driving (SJP2481D) at carpark (A78) near Block 157 Ang Mo Kio. After making a right turn into the carpark, I was going straight at a slow speed. Suddenly, this vehicle (SKW4976G) which was on the left sped up and tried to make a right turn which cause it to collide into my vehicle, causing damage to my rear passenger door. We then got out of our vehicles and traded particulars and decided to settle it through insurance.

I wish to state that I have the video footage of the accident.

I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20200127/2070

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20200127/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 CHUA ZHENG XING, JOHNNY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

27/01/2020 18:00

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108120766

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJP2481D**
Chassis Number : MR053ZEE106141628
2. Name of Policyholder : SEOW KIM CHUAN (XIAO JINQUAN)
3. Effective Date of Insurance : 13 Mar 2019
4. Expiry Date of Insurance : 15 Mar 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SEOW KIM CHUAN (XIAO JINQUAN)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KA-HUP VEHICLES TRADING (00000572059)
Date of Issue : 13 Mar 2019 10:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1082102

Policy No.	5108120766	Vehicle No.	SJP2481D	GST Registration No.	
Certificate No.					
Policyholder Name	SEOW KIM CHUAN (XIAO JINQUAN)	Cover Type	drive CLASSIC	Policyholder NRIC	S7111644A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91917287	Special Remark		Contact No.(Home)	0
Email Address		TCA	+ No - Yes	eCode	No
KFK	+ No - Yes	hCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	29/01/2020 20:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/01/2020	Time of Accident hh:mm	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 4 CARPARK A78				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2,000.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 933A #08-116	Address 2	HOUGANG AVENUE 9	Address 3	HOUGANG CRIMSON
Address 4	SINGAPORE 531933	Address Type	Singapore address	Post Code	531933
Unit No.		Related Policy Number	5108120766		

OI Driver Info

Driver Name	SEOW KIM CHUAN (XIAO JINQUAN)	Driver Type	Main Driver	Driver DOB	17/04/1971
Unnamed driver Name		Driver NRIC	S7111644A	Driving Experience	38
Register Date of Driver License	16/08/1981	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	HOUGANG CRIMSON
Address 1	BLK 933A #08-116	Address 2	HOUGANG AVENUE 9	Post Code	531933
Address 4	SINGAPORE 531933	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
(Breathalyser or Blood Test Reading)	0 mg	Any injury?	Yes + No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SEOW KIM CHUAN (XIAO JINQUAN)	Insured NRIC	S711
Contact No.(Mobile)	91917287	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Q3		TP Vehicle Number	SKW
Claim Description		Vehicle Number	SJP2481D	Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	29/01/2020 20:09	Date Received	29/0
Report Taken By		Workshop Repairer	BEH SWEE YANG SHERWIN	Total Loss but Repaired	






Print AK letter

Save Submit

Attachment

Accident No.	MT/1082102	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	29/01/2020 20:06
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:08	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:07	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:07	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:07	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:07	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:07	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:07	SAS	Normal	SAS 2020-1-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
Display in New Window Scan and uploading			